PATENT APPLICATION FEE DETERMINATION RECOI									חם	Application or Docket Number						
Effective October 1, 1997																
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE			OR	OTHER THAN OR SMALL ENTITY			
FOR			NUMBE	NUMBER FILED		NUMBER EXTRA			RATE	$\int_{0}^{\infty}$	FEE		RATE	FEE		
BASIC FEE										t.	39	95.00	OR	<b>学</b>	790.00	
TOTAL CLAIMS			minus 20 =			*				x\$11=		OR	x\$22=			
INDEPENDENT CLAIMS			minus 3 =			*				x41=		OR	x82=			
MULTIPLE DEPENDENT CLAIM PRESENT								+135=			OR	+270=				
* If the difference in column 1 is less than zero, enter "0" in column 2							Ļ	TOTAL			OR	TOTAL	790			
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL ENTITY			OTHER THAN OR SMALL ENTITY					
ENT A	7374 187	CL/ REM/ AF	AIMS AINING TER IDMENT	Affect 19-7 Affect 19-7 Affect 19-8 Affect	HI N PRE	IGHEST UMBER EVIOUSLY AID FOR	PRE	ESENT XTRA		RATE	A	DDI- ONAL FEE		RATE	ADDI- TIONAL FEE	
MOZ	Total	*		Minus	**	20	=			x\$11=	$\top$		OR	x\$22=		
AMENDMENT	Independent	*	2	Minus	***	3	=			x41=			OR	x82=		
٨	FIRST PRES	SENTA	TION OF	MULTIPLE	DEPE	NDENT CL	AIM			+135=	$\top$		OR	+270=		
								olumn 3)	A	TOTAL ADDIT. FEE			OR ADDIT. FEE			
		CL	umn 1) AIMS		H	Column 2) IGHEST	T T	<u> </u>			Τ.	יטטי			ADD:	
AMENDMENT B	The same of the sa	AF	AINING TER IDMENT		PRE	UMBER EVIOUSLY AID FOR		ESENT XTRA		RATE	Ti	ADDI- ONAL FEE }		RATE	ADDI- TIONAL FEE	
	Total	*	9	Minus	**	20	=			x\$11=	$\prod$		OR	x\$22=		
	Independent	*	1	Minus	***	3	=			x41=			OR	x82=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									+135=		1	OR	+270=		
<b>_</b>		(Col	lumn 1)		(0	Column 2)	(Co	olumn 3)	A	TOTA ADDIT. FE			OR	TOTAL ADDIT. FEE		
ENT C		CL REM AF	AIMS IAINING TER NDMENT	*	H N PRI	IIGHEST IUMBER EVIOUSLY AID FOR	PR	ESENT XTRA		RATE	Ti	ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	$\mathcal{I}$	Minus	** 0	10	=			x\$11=		$\int$	OR	x\$22=		
	Independent	*		Minus	***	3	=		ì	x41=	/	<del>,                                    </del>	OR	x82=		
		FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=	- 1		OR	+270=		
* if ** if ***if	the entry in colur the "Highest Nur the "Highest Nur ne "Highest Num	mn 1 is nber Pro nber Pro ber Pre	less than the evidusly Ba evidusly Ba viously Baid	ne entry in colu lid For" IN THI lid Por" IN THI 1 Fg/" (Total o	ımn 2, S SPA( S SPA( 'Indep	write "0" in coll CE is less that CE is less than endent) is the	3. ent	nter "20." er "3." t number fo	A bund	TOTA ADDIT. FE	L E ropria	te box in	OR column	TOTAL ADDIT. FEE 1.		

PTO/SB/06 (08-00)
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					1/5	′/	70	
	CLAIMS AS FILED - PART (Column 1)	[ (Column 2)		SMALL ENTITY		OR	OTHER TI SMALL EI	
FOR	NUMBER FILED	NUMBER E	EXTRA	RATE	FEE		RATE	FEE
BASIC FEE (37 CFR 1.16(a))		Transaction (			s	OR		\$
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =	*		x \$=		OR	x \$=	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =	*		x=		OR	x=	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						OR	+=	
* If the difference in column 1 is less	TOTAL		OR	TOTAL				
(Colu	(Column 3)	SMALL F	OR	OTHER TI	•			
≮ REMA	AINING N TER PRE	IGHEST UMBER EVIOUSLY AID FOR	PRESENT EXTRA	RATE x \$=	ADDI- TIONAL FEE	OR OR	RATE	ADDI- TIONAL FEE
Total * (	Minus **	20	=				x \$=	-
Independent * (37 CFR 1.16(b))	3 Minus *3	\$	=	x=		OR	x=	
	ION OF MULTIPLE DEPENDE	NT CLAIM	37 CFR 1.16(d))	+=		OR	+=	
(Coli	umn I) (C	Column 2)	(Column 3)	TOTAL ADDIT. FEE		OR A	TOTAL DDIT. FEE	`.
REM.	AINING N TER PRE	IGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total * (37 CFR 1.16(c))	3.5 Minus **	20	=	x \$=		OR	x \$=	
Independent * (37 CFR 1.16(b))	Minus ***	12	=	x=		OR OR	x=	
1 1	TION OF MULTIPLE DEPENDE	ENT CLAIM	(37 CFR 1.16(d))	+=		OR	+=	
(Col	lumn I) (C	Column 2)	(Column 3)	TOTAL ADDIT. FEE		OR A	TOTAL DDIT. FEE	
REM AF	IAINING PRI	IIGHEST NUMBER EVIOUSLY AID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total *	Minus **		=	x \$=		OR	x \$=	
Independent * (37 CFR 1.16(b))	Minus ***		=	x=		OR OR	x=	
	TION OF MULTIPLE DEPEND	ENT CLAIM	(37 CFR 1.16(d))	] [+=	:	OR	+=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  TOTAL ADDIT. FEE ADDIT. FEE								

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.

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<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.